

## **EXHIBIT D**

Harleysville Mutual Insurance Company  
Processing Center  
355 Maple Avenue  
Harleysville, PA 19441-0002  
www.harleysvillegroup.com

**PREMIUM INVOICE**

Invoice Date: 03/26/04

Account/Policy: MPA 812988

Agency Code: 07-3641

Payment Received: \$1,175.00

Current Balance: \$1,394.00

Minimum Due: \$283.80

Due Date: 06/08/04

Minimum due must reach us by the due date

\*\*\*  
Harleysville

LAYNE DREXEL  
1910 OLD CAPITOL TR  
NEWARK DE 19711

For assistance please contact your agent:  
S. T. GOOD INSURANCE, INC.  
at 800-531-1663

Dear Policyholder:

As a returning policyholder, we once again thank you for choosing us to handle your insurance needs and are pleased to have you as a customer. We trust the timely and professional service levels which we and your agent have provided in the past will enable us to retain you as a valued customer for many years to come.

We've changed the premium invoice to give it a new, easy to read format.

Your independent insurance agent's telephone number is shown above. Please refer to the reverse side of this statement for some additional important numbers you may need in the future.

Thank you for your business!

MPA812988	06/05 Commercial Package	1,394.00	278.80
	*Installment Fee		5.00
	<b>Totals</b>	<b>1,394.00</b>	<b>283.80</b>

\*If other than One-Pay selected

Due Date	One-Pay	Two-Pay	Four-Pay	Nine-Pay
06/08/04	\$1,394.00	\$702.00	\$353.50	\$283.80
07/08/04				\$144.40
08/08/04			\$353.50	\$144.40
09/08/04				\$144.40
10/08/04				\$144.40
11/08/04		\$702.00	\$353.50	\$144.40
12/08/04				\$144.40
01/08/05				\$144.40
02/08/05			\$353.50	\$144.40

\*\*\*\* Payment will determine Pay Plan Selected \*\*\*\*

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Harleysville

Please indicate account/policy number on check  
and make payable to Harleysville Insurance.

Insured: LAYNE DREXEL

Detach and return this portion with your payment

Account/Policy: MPA 812988

DRE

Current Balance: \$1,394.00

Minimum Due: \$283.80

Due Date: 06/08/04

Minimum due must reach us by the due date

Amount Paid:

If your address has changed, please cross out the 'Y' below and write new address on back of stub.

BX 30

Y

1 4MPA812988 0137400 0028380 0028380

DR0609

**IMPORTANT PHONE NUMBERS TO CALL:**

Claims Reporting.....800.892.8877

Fraud Hotline.....800.917.0055

We have a toll-free hotline so you can report cases of suspected fraud directly to our company's Special Investigation Unit (SIU). Simply call our fraud hotline any time of the day or night if you learn of a claim or policy that warrants the SIU's attention. All information will be kept strictly confidential.

**RETURNED CHECKS:**

A service fee may be charged for returned checks.

**LATE PAYMENTS:**

Minimum due shown on the front of this invoice must be received by the company on or before the due date shown to avoid issuance of a notice of cancellation for nonpayment of premium. If a cancellation notice issues, all amounts past due plus the current installment must be paid to reinstate your policy. You may also be required to pay an additional service fee. The company must receive this payment before the cancellation effective date.

Please indicate any Name or Address changes below:

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